

2011 SUMMER FREEZE OUT - TEAM REGISTRATION FORM

This form must be completed and sent in with your \$475.00 team fee.

Send Form & Payment to: Kevin Keating 561 N. Walton Dr. Whitewater, WI. 53190

TEAM NAME: _____

Team Contact Name: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

How did you hear about the tournament? _____

Division (circle one): Ogie Ogilthorpe (White/C-1/B)

Tim "Dr. Hook" McCrackin (Blue/D/C-2)

Jersey Colors: Home _____

Away _____

TEAM ROSTER

Please print clearly and fill out completely.

Player/Name	Number	Level of Experience
Goalie:		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		